



Do Not Write or Staple In This
Space.
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Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01054891

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000088840	0		TPCN-12.3	TPCN-12.3 (Fulfill the terms of contract)	\$762,500.00
ShipTo ID	Non-HHSAS Cntrct ID					
2010						
Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT: 10/20/15	Req'd Pay DT: 12/11/15
529-10-0013-00001	N				Inv Recv'd DT: 10/20/15	Pay Due DT: 12/30/15
Account	Entry Event	Fund	Dept.	Program	Service DT: 11/30/15	P O DT:
1.1	725300	0001	716	5016	2016	TANF100F
Open Item Key:						Certified Amt: 0.00
Descriptive Legal Text (DLT Comments):						
DOS: 11/2015						

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

DEC 08 2015

12/08/2015

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Gonzalez,Maria Gina (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

H1054891

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services

Alternatives to Abortion-Texas Pregnancy
Care Network

The attached invoice is approved for payment.

Invoice Date:	11/24/15		
Invoice Number:	IPCN 12.3		
Dept. ID/Speedchart:	716		
Object Code:	725300		
Contract Number:	529-10-0013-00001E		
Contract Name:	Texas Pregnancy Care Network		
TIN:	1760802397		
Mail Code:			
Purchase Order Number:	52900-6-0000088840		
Month of Service:	November 2015	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date: 10/20/15
Payment Due On or Before: *December 1, 2015

Total Amount: \$762,500.00

CONTACT	DATE
Preparer's Name: Andrea Costley	11/24/2015
Preparer's Phone: 512-206-5624	

See Invoice

FINANCIAL MANAGER	DATE
Beth Zahn	11/24/2015

NOV 24 2015

SIGN-OFF	DATE
Agency Contact/Preparer's Signature: <i>B. Zahn</i>	11/24/2015

HANH
512-487-3389



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.
1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.3

Invoice Date: October 20, 2015

Due Date: November 30, 2015

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.3: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: November 30, 2015

\$762,500.00

Amount Due

\$762,500.00

Section 1.06 Modification to Section 4.02 General Payment Terms.

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016 for the work performed in accordance with Exhibit A to this Amendment.

(a) Payment Methodology

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016.

(b) Payment Schedule

Payment No.	Description	Due Date	Amount
12.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2015	\$762,500.00
12.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2015	\$762,500.00
12.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2015	\$762,500.00
12.4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2015	\$762,500.00
12.5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2016	\$762,500.00
12.6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 29, 2016	\$762,500.00

ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, and Four shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Five, the Parties expressly understand and agree that Amendment Five is hereby made a part of the Original Agreement as though it were set out word for word therein.

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000088840
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				

Vendor: 1760802397
 TEXAS PREGNANCY CARE NETWORK
 1101 S CAPITAL OF TEXAS HWY
 STE K250
 WEST LAKE HILLS TX 78730-5115

Bill To: Health & Human Services Commission
 Mail Code: 3500
 4900 N. Lamar Blvd, 5th Floor
 Austin TX 78751
 United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00	LOT	3,050,000.00000	3,050,000.00	11/12/2015
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Schedule Total 3,050,000.00

Contract ID: 529-10-0013-00001

Contract Line: 0 Release: 8

Item Total for Line 1 3,050,000.00

Total PO Amount 3,050,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized